

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

091436741

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>9-17-09</u>		2 Serial/Patent # <u>6,575,941</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input checked="" type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other		<u>6-12-89</u>	\$ <u>65.00</u>						
		7 TOTAL AMOUNT OF REFUND		\$ <u>65.00</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>								
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>9/18/09</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: